



Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at <http://about.jstor.org/participate-jstor/individuals/early-journal-content>.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact support@jstor.org.

No. XXXII.

An Account of a Case of Disease, in which one side of the Thorax was at rest, while the other performed the motions of Respiration in the usual way. By C. Wistar, M. D.—Read, December, 1814.

THERE are no actions of the human body which appear more completely associated with each other than those of the Intercostal Muscles, on the different sides of the Thorax. The simultaneous movements of the different ribs, and the regular dilatation of the Thorax, seem to depend upon this association.

The following statement will however evince, that the action of the Intercostal Muscles, of one side of the Thorax, may be completely suspended, while the muscles of the other side perform their accustomed motions most perfectly. It also affords a satisfactory explanation of this unusual occurrence.

In the course of last summer a gentleman was attended, by Dr. Monges and myself, for an Hæmoptysis which occasioned his death. During his indisposition, we observed that one side of his Thorax was neither dilated nor contracted during respiration, and that the ribs on that side were perfectly quiescent, although those of the other side performed more motion than usual, and therefore dilated that side of the Thorax to an uncommon degree. We first noticed this some days be-

fore his death, and it continued so without any alteration during the remainder of his life. He made no complaints of pain or uneasy sensations, on the side which was without motion, but said that he had sensations on the other side, which he believed were produced by the passage of blood from the ruptured blood vessels. Some years before, he had suffered with Hæmoptysis, and a consequent cough and expectoration; but he recovered from this so much, that he was strong and rather corpulent at the time of his last attack. Upon dissection, the cause of this extraordinary mode of respiration was very obvious. *That cavity of the Thorax which was without motion, was filled with Pus. The volume of the lung of that side was greatly diminished, and the cellular structure of the organ entirely done away.*